

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form FITCHBURG CITY CLERK

Office of Campaign and Political Finance
2011 OCT 2b P 7: 04

(Candidate's signature)

of Massachuse		•			File wit	h; City or Town Cle	erk or Electic	on Commission
Fill in Re	porting Period dates:	Beginning Date:	Sep 10, 20	011	Ending Date:	Oct 21, 2011	L]
• •	Report: (Check one) preceding preliminary	8th day preceding ele	ction [] 3	0 day aft	er election	year-end report	diss	solution
5+ 	Candidate Full Name (i) Candidate Full Name (i) Candidate Full Name (i) Candidate Full Name (i)			Coun	Cynthia	nmittee Name Committee Treasurer		7
30 Telephone N	Shawaa 3t. Residential Ado umber (optional): 978-34		Te			ee Mailing Address おうろりおくな		
		SUMMARY BA	LANCE I	NFORI	MATION:	<u> </u>		
	Line 1: Ending Bala				1,85°	i.12		
	Line 2: Total receipt	s this period (page 3,	line 11)		908	5.00	-	
	Line 3: Subtotal (line	e 1 plus line 2)	•		2,744			
-	Line 4: Total expend	litures this period (pa	ge 5, line 14	l) [1,724	. 99		· .
	Line 5: Ending Bala	nce (line 3 minus line	÷ 4)	, [1,639	, 19		
	Line 6: Total in-kind	l contributions this pe	riod (page (5)	Ø	,		
,	Line 7: Total (all) or	utstanding liabilities (page 7)		ø			
	Line 8: Name of bar	nk(s) used: T.C.	Crealit	Un	ion			
I certify that activity, incl finance activ	Committee Treasurer: I have examined this report includin uding all contributions, loans, receip rity of all persons acting under the average the penalties of perjury:	ts expenditures disbursemen	nts, in-kind contr	ibutions and	i habilities for this repo	.G.L. c. 55.	lesents the ca	nign finance ampaign
FOR CA	NDIDATE FILINGS ONLY	: Affidavit of Candidate:	(check 1 box on	ly)				
I certify	fate with Committee and no activity that I have examined this report inc to fall persons acting under the auth d any liabilities nor made any expent	luding attached schedules and ority or on behalf of this com	d it is, to the best mittee in accord	ance with ti	wledge and belief, a tru ne requirements of M.G	e and complete state .L. c. 55. I have not	ment of all c received any	ampaign finance contributions,
I certify	date without Committee <u>OR</u> Candi y that I have examined this report inc e activity, including contributions, lose ton finance activity of all persons act	cluding attached schedules and ans receipts expenditures di	d it is, to the bes shursements, in-	t of my kno kind contril	outions and habilities to	it mus reporting beric	ou and repres	ampaign sents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)		
ine 9: Total Rece	sipts over \$50 (or listed above)	φ			
Line 10: Total Rec	eipts \$50 and under* (not listed above)	90500			
	RECEIPTS IN THE PERIOD	9050			

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Tenderson and the second secon			
:			
1000			
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Rec	ceipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2 uld include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9-20-11	Stroken Han	305 Newwa F.	Stamps + Eurelogo	145 85
10-1-11	Carley's Garden	Swell St	Island Flavos	7325
10-4-11	Seatind + Entopmy	Manst.	Advertisoned	1,020 50
10-12-11	WPKZ	Water 51	Advertisement	445
		·		
		Line 12: Total Expenditures o	ver \$50 (or listed above)	1,724.93
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	Ø.
	Enter on page 1, line 4 →		FURES IN THE PERIOD should include only those expenditu	1,724 92

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
ngang ang ang ang ang ang ang ang ang an		Line 12: Expenditures over \$5	50 (or listed above)	
		Line 13: Expenditures \$50 and	l under* (not listed above)	
n de en	Enter on page 1, line 4 -	→ Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
•				
		· .		
And the second s	Spering regions and the control of t			
The state of the s				
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
+ 1 + v		Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period

Date Incurred	To Whom Due	Address	Purpose	Amount
				in the state of th
-				
	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	0